

May 24, 2012

CERTIFIED MAIL (7007 1490 0003 4207 8123)

Administrator
Quail Hollow Memory Care Community
221 Torbett St
Richland, WA 99352

Boarding Home License #2090
Licensee: Emeritus Corporation

IMPOSITION OF A CONDITION ON A LICENSE

Dear Administrator:

This letter constitutes formal notice of the imposition of conditions on the license for your boarding home, located at **221 Torbett St, Richland**, by the State of Washington, Department of Social and Health Services, pursuant to Laws of 1998, Chapter 272; RCW 18.20.190.

The conditions are based on the following violations of the Revised Code of Washington (RCW) and Washington Administrative Code (WAC) found by the department at your boarding home. These and other deficiencies are more fully described in the attached Statement of Deficiencies report completed by the department on May 8, 2012.

WAC 388-78A-2210(1)(b)(2)(a) Medication services

The licensee failed to provide a medication service system which ensured one resident, with a change in medication upon hospital discharge, received medication for high blood pressure as ordered.

The department, based on the findings of the inspection, has determined that the following condition(s) shall be placed on your license:

- 1. The licensee, at their own expense, will hire a nurse consultant, not associated with the facility/company to assist the licensee to develop and implement a medication management system ensuring:***

- a. Residents receive medications as prescribed;*
 - b. Medication logs accurately reflect residents' currently prescribed medications;*
 - c. Medication logs accurately reflect the time and amount of medications residents take;*
 - d. Documented explanations for missed medications;*
 - e. Prescriptions are filled/refilled timely, and prescribed medications are available.*
- 2. The outside nurse consultant must be hired by June 5, 2012;*
- 3. All staff receive training regarding the medication management system;*
- 4. The licensee will give a copy of the May 8, 2012 Statement of Deficiencies (SOD) to the nurse consultant.*
- 5. The nurse consultant will be available to answer questions by the department;*
- 6. The licensee will post the license with the enclosed Notice of Conditions of Operation in the facility in a location accessible to residents and visitors.*

The effective date of the condition on your license is May 24, 2013. As provided in RCW 18.20.190, the effective date of the condition on your license will not be postponed pending an administrative hearing or informal dispute resolution review.

You may contest this condition on your license by requesting an administrative hearing. To do so, the Office of Administrative Hearings must receive your written request for a hearing within twenty-eight (28) calendar days following your receipt of this letter. A copy of this letter and a copy of the enclosed Statement of Deficiencies must be included with your request. Send your request to:

**Office of Administrative Hearings
PO Box 42489
Olympia, Washington 98504-2489**

As provided in RCW 18.20, you may request an informal dispute resolution review of enforcement actions initiated in response to a Statement of Deficiencies report. During the informal dispute resolution process you also have the right to present written evidence refuting this action. A request for informal dispute resolution review will not change the deadline for you to request an administrative hearing. Informal dispute resolution review by the department is not binding in an administrative hearing.

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To request an informal dispute resolution review, send your written request to:

**Informal Dispute Resolution Program Manager
Aging and Disability Services Administration
PO Box 45600
Olympia, Washington 98504-5600
Fax (360) 725-3225**

The written request should:

- Identify the citation and/or enforcement action that is disputed;
- Explain why you are disputing the action;
- Indicate the type of dispute resolution process you prefer (direct meeting, telephone conference or documentation review); and,
- Be sent within 10 working days of your receipt of this notice.

Plan of Correction/Attestation

You must:

Return the plan/attestation, on the enclosed report, within **10 calendar days** after you receive this letter. Include the following in you plan for each deficiency:

- The date you have or will correct each deficiency; and
- Provide a signature and date certifying that you have or will take corrective measures to correct each cited deficiency. Send your Plan of Correction to:

Jo Whitney, Field Manager
District 1, Unit C
3611 River road, Suite 200
Yakima, WA 98902
Phone: (509) 225-2823 / Fax: (509) 574-5597

If you have any questions, please Jo Whitney at (509) 225-2823.

Sincerely,

Lori Melchiori, Ph.D.
Assistant Director
Residential Care Services

Administrator
Quail Hollow Memory Care Community
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Enclosure

cc: Robert Ogolsky, Compliance Specialist
RCS Field Manager – District 1, Unit C
RCS District Administrator – Region 1
HCS Regional Administrator – Region 1
DDD Regional Administrator – Region 1
Kevin Hartze, Assistant Attorney General
Washington State Long Term Care Ombudsman
Area Agency on Aging, AAA SE
Office of Financial Recovery, Vendor Program Unit
Medicaid Fraud Control Unit
John Ficker, HCS
Central Files